

**Patient:** ██████ - Brad E. Norman  
**DOB:** ██████  
**SSN:** ██████

**Date:** 08/07/2017 08:00  
**Provider:** Rubenstein, Robert MD  
**Encounter:** New Patient

### REASON FOR VISIT

Referred by Dr. Lawrence for evaluation treatment of cognitive complaints after motor vehicle accident

Source: Patient, wife Julie.

### HISTORY OF PRESENT ILLNESS

Brad Norman is a 58 year old male.

On 2/3/2017 the patient was involved in a head-on accident in which his truck struck a car. He may have briefly lost consciousness for perhaps a period of seconds. He was belted but there were no airbags in his truck. He was evaluated by EMS but not brought to the hospital immediately, although eventually did show up in the ER where he underwent a brain CT which he reports as being normal.

Since the incident he is had problems with short-term memory that he feels has continued unchanged ever since. He will forget such recent events as to whether or not he let the dog in, will misplace items, forget what he went to the grocery store for or forget immediate components of routines. He states that his deficits are not interfering with his job. His wife points out that he seems more short tempered and occasionally will slur his words as well. Denies any problems with orientation, executive function, functional memory, or prior similar complaints.

His neurologic review of systems is otherwise completely negative other than perhaps a slight worsening of his chronic near vision deficits.

### REVIEW OF SYSTEMS

**Encounter Background Information:** Medication reconciliation performed.

**Systemic:** No fever, no chills, and no night sweats.

**Head:** No headache.

**Eyes:** No diplopia. Blurry vision.

**Otolaryngeal:** No hearing loss.

**Cardiovascular:** No chest pain or discomfort.

**Pulmonary:** No dyspnea.

**Gastrointestinal:** No dysphagia, no nausea, and no vomiting.

**Genitourinary:** No increase in urinary frequency. No urinary loss of control.

**Endocrine:** No temperature intolerance and no muscle weakness.

**Musculoskeletal:** No localized joint pain.

**Neurological:** No dizziness, no vertigo, no fainting, no convulsions, no slurred speech, no difficulty finding desired words, no tremor, and no ataxia. No difficulty with balance, good coordination, and no numbness.

**Psychological:** No anxiety, no depression, and no sleep disturbances. Changed thought patterns.

**Skin:** No rash.

**Social:** Smoking status reviewed.

### ALLERGIES

- No Known Allergies

### CURRENT MEDICATION

- Advil 200MG Oral Tablet as needed 0 days, 0 refills

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## PAST MEDICAL/SURGICAL HISTORY

### Surgical:

- Inguinal hernia repair

## SOCIAL HISTORY

**Behavioral:** No tobacco use: Never smoker and smoking status: Never smoker.

**Alcohol:** A social drinker.

**Work:** Occupation Self-employed.

**Marital:** Currently married.

## FAMILY HISTORY

Mother died with a brain tumor

## PHYSICAL FINDINGS

- Vitals taken 08/07/2017 07:59 am

BP-Standing R	144/92 mmHg
BP Cuff Size	Regular
Height	69 in
Weight	196 lbs
Body Mass Index	28.9 kg/m2
Body Surface Area	2.05 m2

### General Appearance:

- Well developed. ◦ Well nourished. ◦ In no acute distress.

### Neurological:

**Motor:** ◦ Preference for right-handedness.

**Mental status:** Alert, attentive, friendly and cooperative. Appropriate mood and affect. Excellent historian. Appropriate insight and reasoning. No aphasia or dysarthria.

**Cranial nerves 2-12:** No deficits

**Motor:** Normal strength and tone. No drift

**Sensation:** Intact to light touch, temperature, pinprick, vibration, proprioception and double simultaneous stimulation

**Coordination:** No ataxia, dysmetria or tremor

**Gait:** Normal

**DTRs:** 1+ and symmetric, downgoing toes.

## ASSESSMENT

• Postconcussion syndrome He has persistent problems with short-term memory and short temperedness/irritability following a 2/3/2017 MVA. We discussed the mechanism of injury and how his symptoms are common following this sort of event.

Fortune, he is still able to function at his job but is having problems with day-to-day activities. I suggested he be evaluated and treated by a speech therapist skilled at dealing with cognitive rehabilitation. A referral for this is given to his local medical facility

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**PLAN**

- Return to the clinic if condition worsens or new symptoms arise

**THERAPY**

- Clinical summary provided to patient.

**CARE TEAM**

Robert Rubenstein, MD  
George N Lawrence

Neurology  
Chiropractor

**Robert Rubenstein MD**

Electronically signed by: Robert Rubenstein, M.D.      Date: 08/07/2017 08:36

Electronically approved by: Robert Rubenstein, M.D.      Date: 08/07/17 08:36